



## Financial Planning for Transplant

Financing a transplant raises many questions and concerns for patients and their families. The first step is to figure out how much of your costs insurance will cover. Then you can begin to explore other funding sources.

Most patients use a combination of sources. Some patients can finance the transplant procedure through their primary insurance coverage and use savings and other private funds to pay for other expenses.

Common funding sources to help with the costs of transplants include:

- Private Health Insurance
- Medicare
- Medicare Prescription Drug Plans
- MediGap Plans
- Medicaid
- Fundraising Campaigns
- Pharmaceutical Company Patient Assistance Programs (PAPs)
- TRICARE (Formerly Champus) and Veterans Administration (VA)
- COBRA Extended Employer Group Coverage

### Private Health Insurance

You may have health insurance coverage through an employer or a personal policy. Read your policy carefully and contact your insurance company if you have questions about how much of your costs they will pay, including your lab tests, medications and follow-up care after you leave the hospital. If you are responsible for paying any or all of your insurance premiums, be sure to pay them on time so that you do not lose your insurance. Some Employer Group Health Plans have preferred providers for transplant services; some have case managers who assist patients with transplant and dialysis services. Check your customer service phone number on the back of your insurance card to determine if these services exist.

### Medicare

Medicare is a federal health insurance program available to people who are 65 or older, disabled or have end stage renal disease (ESRD).

If you apply for disability, dialysis is presumptive and all you need is the federal reporting form (2728) to prove disability. However, Social Security may review your disability status case as soon as one year post transplant.

Medicare will continue for three years post transplant, even if you are no longer on disability and go back to work. We encourage people to return to work post transplant, if at all possible. If you are not already on dialysis, you need to know that Medicare is available to everyone who has a minimum work record, even if you are not eligible for disability, you may still qualify for Medicare.

Medicare requires an Employer Group Health Policy to be primary for 30 months, starting three months after the start of hemodialysis and at the starting month of peritoneal dialysis. The clock starts ticking at dialysis, or if you are transplanted before needing dialysis.

You will need to go to the Social Security office to sign up for Medicare, taking the 2728 with you.

EVERYONE needs **Part A** of Medicare. It is free and there is no reason not to take it. Part A covers inpatient hospitalizations. It may also pay hospital co-pays from your Employer Group Health Plan. Medicare agrees to be a secondary payer to Employer Group Health Plans for 30 months.

**Part B** covers outpatient, professional services, and 80% of immunosuppressant drugs (medicines to decrease your immune system) after transplant. Part B costs \$96.50 per month if you are on disability and comes out of your check. If not, you are billed in three-month increments. If you do not pay, they cancel your Part B benefits and when you do sign up later, you may have to make back payments and pay a penalty for not signing up when you are eligible. Same for **Part D**, unless you can prove you had creditable coverage.

Medicare Part D covers costs for prescription drugs. You must have Part B to get Part D. (Part D is not allowed to pay the co-pays on immunosuppressant drugs through Part B.) To get this coverage you must choose and join a Medicare drug plan. For more information call (800) MEDICARE ([800] 633-4227)/ TTY: (877) 486-2048 or visit [www.medicare.gov](http://www.medicare.gov). Extra Help is available for low income Medicare recipients.

Medicare does not always pay 100% of your medical expenses. In most cases, it pays hospitals and health providers according to a fixed fee schedule. You must pay deductibles and other expenses.

At CAMC we have financial counselors who can assist you with information about what you will owe.

CAMC also has a charity care program that you can apply for if you have problem paying your bills. Financial counselors are located in the admissions office (ask at the front desk, they are here from 6:30 a.m. to 6 p.m.). The charity care program MAY write off co-pays.

CAMC also has a full time Medicaid worker who can help you with a Medicaid application in the hospital. She has information about spend down amounts and other programs available through DHHR.

The financial aspects of renal transplant and dialysis services are complicated, so please ask questions. If we do not know the answers, we will try to find out.

To receive full Medicare benefits for a transplant, you must go to a Medicare-approved transplant program. These programs meet Medicare criteria for the number of transplants they perform and the quality of patient outcomes. CAMC is a Medicare-approved facility.

If you have questions about Medicare eligibility, benefits, or transplant programs, contact your local Social Security office or Medicare at 1-800-633-4227 or [www.medicare.gov](http://www.medicare.gov).

**Medical costs include:**

- Insurance deductibles
- Insurance co-pays
- Surgery
- Follow-up care and testing
- Additional hospital stays for complications
- Fees for surgeons, physicians, radiologist, anesthesiologist and recurrent lab testing
- 20% co-pays on anti-rejection drugs and other medications, which can be substantial. Altogether, cash price for drugs could easily exceed \$2,500 per month. Insurance is essential.

**Non-medical costs include:**

- Food and lodging
- Transportation to and from your transplant center before and after your transplant
- Child care
- Lost wages if your employer does not pay for the time you or a family member spends away from work